

Do not use staples to attach the photographs.



(973) 504-6233

Photo #2

County

3. *Social Security Number: _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Committee or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Committee must ascertain the reason that you do not have one. The Committee is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Committee or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Committee or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, _____ ,
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issue your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

"Ability to practice as a home inspector" is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable home inspection judgments and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to customers and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a home inspector, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?
☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**?
☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice?
☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety?
☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.")
☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?
☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional or occupational license or certificate (i.e. associate home inspector, radon measurement technician or specialist, radon mitigation technician or specialist, etc.) of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
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Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

11. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to the practice of home inspection or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of home inspection or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Proof of Insurance

N.J.S.A. 45:8-76 requires that every “licensed home inspector and associate home inspector who is engaged in home inspection shall secure, maintain and file with the board proof of a certificate of an error and omissions policy, which shall be in a minimum amount of \$500,000 per occurrence. Every proof of an error and omissions policy required to be filed with the board shall provide that cancellation or nonrenewal of the policy shall not be effective unless and until at least 10 days’ notice of intention to cancel or nonrenew has been received in writing by the board.”

Name of agent			Name of insurance company	
Street	City	State	ZIP code	County
Telephone number (include area code)		Policy number	Expiration date	

Education

1. What is the name and address of the high school you attended?

Name of high school

Street address

City

State

ZIP code

2. What years did you attend high school?

3. Did you graduate from high school?

☐ Yes

☐ No

If “Yes,” what was the date of your graduation?

Month

Year

If “No,” did you study to receive a G.E.D. certificate?

☐ Yes

☐ No

If “Yes,” please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

Name of educational institution			
Street address	City	State	ZIP code
Date certificate was issued			

4. Please indicate which of the following home inspection educational modules you have taken, the name and address of the educational institution that offered the module and the date that you completed each course. Put a check in the box next to each of the courses you have taken and provide the other information requested. **Note:** Please complete this section if you are applying under the comity provision. **If licensed as an associate home inspector, do not complete this section.**

<input type="checkbox"/> Roofing	<div><div>Name of educational institution</div><div><div>Street address</div><div>City</div><div>State</div><div>ZIP code</div></div><div>Date completed</div></div>
<input type="checkbox"/> Structure	<div><div>Name of educational institution</div><div><div>Street address</div><div>City</div><div>State</div><div>ZIP code</div></div><div>Date completed</div></div>
<input type="checkbox"/> Electrical	<div><div>Name of educational institution</div><div><div>Street address</div><div>City</div><div>State</div><div>ZIP code</div></div><div>Date completed</div></div>

☐ Heating I

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

☐ Heating II
(Prerequisite:
passing grade
in Heating I)

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

☐ Air Conditioning
and Heat Pumps

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

☐ Plumbing

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

☐ Exterior

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

☐ Interior and
Insulation

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

☐ Communication
and Professional
Practice
(Prerequisite:
passing grades in
all nine modules
listed above and on
the preceding page.)

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

5. Have you taken the National Home Inspector examination administered by either the American Society of Home Inspectors (ASHI) or the Examination Board of Professional Home Inspectors (EBPHI)? ☐ Yes ☐ No

If "Yes," please indicate which examination you took and the date you passed the examination.

☐ ASHI ☐ EBPHI

Date

Home Inspection Experience

N.J.S.A. 45:8-68 requires, among other things, that to be eligible for licensure as a home inspector, an applicant must have been engaged as a licensed associate home inspector for no less than one year, and have performed not less than 250 home inspections for compensation. N.J.A.C. 13:40-15.6 sets forth that a candidate for licensure as a home inspector will have performed at least 250 home inspections while employed by and subject to the regular and effective direct supervision of a licensed home inspector. Please provide a list of at least 250 home inspections, and the date of each inspection, the name of the client, the address of the inspection and the name and license number of the licensed home inspector. You must provide this information on this page. Use additional pages if needed and attach them to this application.

[illegible]

Home Inspection Employment Record

Current Employment

☐ Employee

☐ Owner

☐ Shareholder

a.

Name of company or private practice

Street address

City

State

ZIP code

Telephone number (include area code)

Name of supervisor

Supervisor's title

Applicant's title

Dates of employment: from

Month/Year

to

Month/Year

Total hours worked per week

Description of job functions and responsibilities:

Previous Employment

☐ Employee

☐ Owner

☐ Shareholder

b.

Name of company or private practice

Street address

City

State

ZIP code

Telephone number (include area code)

Name of supervisor

Supervisor's title

Applicant's title

Dates of employment: from

Month/Year

to

Month/Year

Total hours worked per week

Description of job functions and responsibilities:

☐ Employee

☐ Owner

☐ Shareholder

c.

Name of company or private practice

Street address

City

State

ZIP code

Telephone number (include area code)

Name of supervisor

Supervisor's title

Applicant's title

Dates of employment: from

Month/Year

to

Month/Year

Total hours worked per week

Description of job functions and responsibilities:

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the Home Inspection Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Home Inspection Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:8-61 et seq., together with the Rules and Regulations of the Home Inspection Advisory Committee, N.J.A.C. 13:40-15.1 et seq., and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Professional Engineers and Land Surveyors
Home Inspection Advisory Committee
124 Halsey Street, 3rd Floor, P.O. Box 45043
Newark, New Jersey 07101
(973) 504-6233

Certification of Employment for Licensed Associate Home Inspectors

Home Inspector Applicants

The following is a Certification of Employment form which must be completed by the licensed Home Inspector(s) who have supervised your two-hundred fifty (250) home inspections.

If you worked for more than one licensed Home Inspector while obtaining your 250 home inspections, each employer must submit this certification of employment to the office of the Committee.

Your application will **not** be reviewed by the Committee if you fail to supply this form when applying for a home inspection license.

The purpose of this form is for a licensed Home Inspector to attest that he or she provided employment to a licensed Associate Home Inspector, in addition to providing direct supervision during the performance of their home inspections and preparation of their home inspection report(s).

Certification of Employment

I, _____, in completing this certification for the Home Inspection Advisory Committee, have provided employment and direct supervision over _____ (#) home inspections to _____ (name of applicant) in his or her quest to qualify as a Home Inspector, pursuant to N.J.A.C. 13:40-15.2 et seq. These inspections were performed during the employment period of ____/____ through ____/____. Each inspection has been identified below. Mo. Yr. Mo. Yr.

I further swear (or affirm) that I have read N.J.S.A. 45:8-61 et seq., together with the Rules and Regulations of the Home Inspection Advisory Committee, N.J.A.C. 13:40-15.1 et seq., and fully understand that in receiving licensure from the Committee, I have bound myself to be governed by N.J.S.A. 45:8-61 et seq. and N.J.A.C. 13:40-15.1 et seq.

Signature of licensee

N.J. Home Inspection License Number

Signature of applicant

N.J. Application Number

Date	Location	Client's Name	Contact name and telephone number of client or client's representative

**** Attach additional sheets of paper if needed.